

CLAIMS ONLY						Application Number 101665495	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
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50									
Total Indep	2								
Total Depend	3								
Total Claims	3								